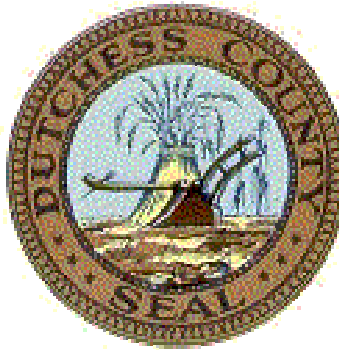


Dutchess County Department of Health

2002 Annual Report



Healthy People
In Healthy Communities



William R. Steinhaus
County Executive

Michael C. Caldwell, MD, MPH
Commissioner of Health



A Message from County Executive

Bill Steinhaus

We all know planning for the future is fundamental to success, whether you are an individual or an organization. Families, businesses, and especially government must plan in advance in order to meet their responsibilities and commitments effectively and efficiently. Because local government serves so many people, we devote a significant amount of time, effort and resources to planning. Through this comprehensive process, we identify and respond to our community's changing needs and circumstances. This is particularly important to maintaining and improving our public health.

This report demonstrates that a sound strategic plan developed by experts in the field on all levels of government as well as with partners in the community has achieved a wide scope of operational programs. Dutchess County is able to protect and prevent public health risks and educate and promote essential services for all of its residents. Success in initiating a plan, and more importantly carrying it out, could not be achieved without the many contributions of a well-trained, well-educated and dedicated staff in the public health arena.

These are significant achievements that have contributed to our county government's capacity to help create an excellent quality of life in Dutchess, including a high level of personal and community health. As the title of this Report states, we in Dutchess are 'Healthy People in Healthy Communities'. We will continue to plan for the future so it will be as wonderful for our children as it has been for us. Congratulations on a job well done.

Sincerely,

A handwritten signature in cursive script that reads "William R. Steinhaus". The ink is dark and the signature is fluid.

William R. Steinhaus
Dutchess County Executive



Michael C. Caldwell, MD, MPH
Commissioner of Health

Back in the fall of 2001, the Dutchess County Department of Health resolved to carry out a planning process to create the 2002-2006 Strategic Plan. The work begun with information collection utilizing the Local Public Health Performance Assessment Tool from the Centers for Disease Control and Prevention's National Public Health Performance Standards Program.

Linkages to federal guideline initiatives meant incorporation of the Core Functions and the Ten Essential Services of Public Health. What followed was an analysis of existing mission, vision and values of the department, which led to a newly picked mission statement reflecting current realities: *"To protect and promote the health of individuals, families, communities and the environment of Dutchess County."*

In late January 2002, DCDOH conducted its first ever Department-wide meeting and presented the revised Vision, Mission and Value Statements, along with the four strategic Directions which had emerged from the strengths and needs analysis:

- Expand the Department's public health leadership and communication role in Dutchess County by ensuring accurate, timely and effective information gathering and distribution with the media, our partners and the community;
- Enhance the quality and efficiency of the workplace within DCDOH, and among Divisions through accurate, timely, and effective information gathering and distribution and other initiatives which insure a safe and supportive working environment;
- Develop and support a prioritization process to assure the capacity to provide essential services; and
- Provide opportunities to increase knowledge and skills necessary for employees to perform their jobs now and in the future.

The generation of DCDOH's Strategic Plan will guide the long range and operational activities, which had never taken place during the history of DCDOH to the present initiative. Implementation details for each strategic direction provides a set of objectives and a list of major tasks to be completed. The indicators of success, presented as reports and assessment results, will track progress in the completion of major task for each objective of each strategic direction. The sharing of findings with key stakeholders will enable and mobilize community members to work collaboratively towards building a healthier community.

FROM THE PRESIDENT OF THE BOARD OF HEALTH

Ralph Middleton, President

Harry J. Lynch, Vice-President
Dr. William S. Augerson, Member
Helen Fuimarello, RN, Member
Dr. Imtiaz A. Mallick, Member

Joy Godin, RN, Secretary
Dr. Jose E. Baez, Member
Dr. Steve M. Lapidus, Member
Suzane Horn, M.Ed., (Special Liaison)

During 2002, the Board of Health experienced a change in their membership in the addition of a new board member. Dr. William S. Augerson was appointed to a 5-year term filling the vacancy created by the resignation of Dr. Narendra Kotecha. Helen Fuimarello, RN, was appointed to another 6-year term. Suzanne Horn was appointed as Special Liaison by the Dutchess County Legislature. Joy Godin, a 12-year member of the Board, is an active member of the National Association of Local Boards of Health.

The Board of Health was pleased to again sponsor the Public Health Partnership Award. This award is given annually during National Public Health week to an individual and/or agency for exceptional contribution towards securing the needs of essential public health services for Dutchess County. Dr. Ana Timell (Individual) and the Skipper Initiative (Organization) received the 2002 Public Health Partnership Award in recognition of their contributions to the health of our community, during National Public Health Week, for their contributions to the health of the community.

Some of the topics reviewed by the Board in 2002 included Bioterrorism Preparedness, Smallpox, Lyme Disease, West Nile Virus, the Medical Examiner Program, and the installation of Automatic External Defibrillators. The Board amended Article 7 - Temporary Residences, Article 22 - Child Daycare Facilities and Nursery Schools and Article 27 - Commercial Tanning Facilities of the Dutchess County Sanitary Code. An increase in the Tobacco Permit Fee was submitted to and approved by the Board during 2002. The Dutchess County Legislature passed smoking legislation in 2002 which the Board felt was a result of their efforts to pass a similar amendment to the Sanitary code in 1999.

A drought in 2002 was instrumental in the forming of a Drought Task Force to discuss how Dutchess County is affected and what measures should be taken. A Soil Test Ban Resolution passed by the Board of Health in 2001 remained in effect through much of 2002.

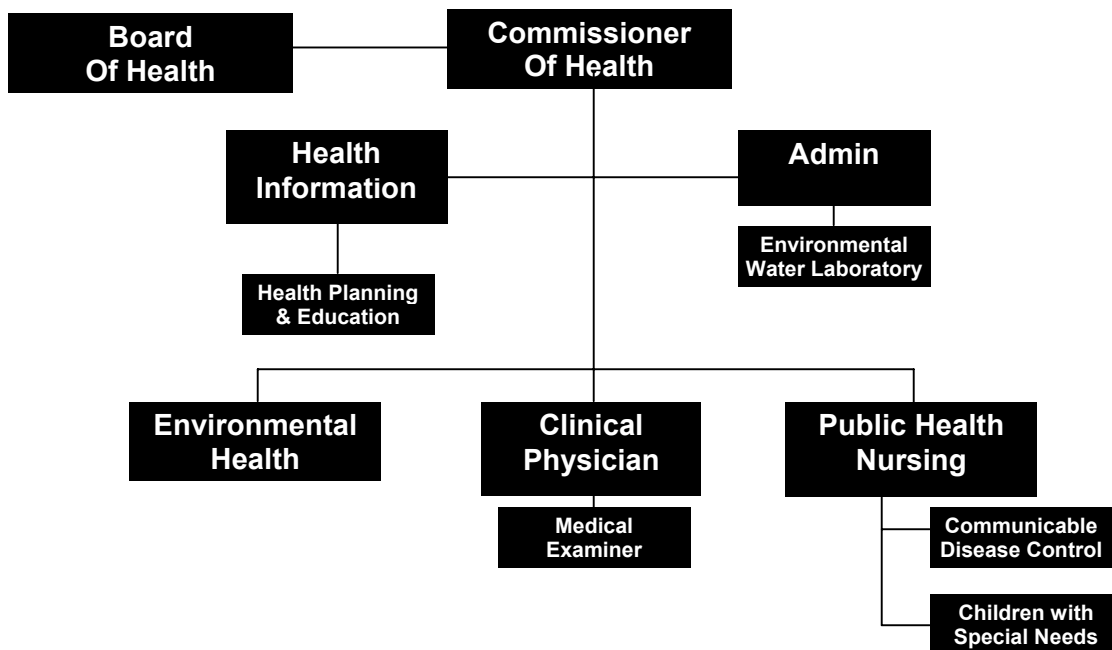
The Board of Health remains concerned about the Department's continuing ability to meet the needs of the community and the public health mandates as set forth by the New York State Department of Health. The State of the economy notwithstanding, additional cutbacks in personnel and funding, in view of increased environmental and nursing services demands and required program crisis responses, do not bode well.

The Board of Health is grateful to Dr. Michael C. Caldwell for his leadership, direction, and administration of the Department. The Board would also like to extend special thanks to the Division Directors and their staff for continued excellent performance, dedication, and loyalty which all together help to ensure the health for residents of Dutchess County.

I wish to thank all the members of the Board of Health for their continued support and dedicated service to the health and well being of our county.

Dutchess County Department of Health

2002 Organizational Structure



Dutchess County Department of Health

Poughkeepsie District Office
387 Main Street - Poughkeepsie, NY 12601
Voice: (845) 486-3400 - Fax: (845) 486-3447

Millbrook District Office
677-4000 - (Fax) 486-3447

Beacon District Office
838-4800 - (Fax) 486-4824

VISION AND MISSION STATEMENTS

The Dutchess County Department of Health is a diverse group of capable experienced individuals and motivated professionals whose **Mission** is to Protect And Promote the Health of Individuals, Families, Communities, and the Environment of Dutchess County.

Our **Vision** is to Build On Our Tradition Of Excellence, Leadership, and Compassion, Using the Best Available Science and Resources to Promote the Highest Standards of Public Health in Response to Emerging Issues to Protect and Assist Our Community.

We Value ...

- The practice of prevention
- The on-going assessment of the strengths and health needs of our community
- Research and its application to public health practice
- The pursuit of innovative solutions to public health practice
- Ethical principals in the work place
- Culturally sensitive, courteous and respectful treatment of people
- Excellence in all areas of public health
- Each other's input to guide decision-making
- Encouragement of staff to develop to their full potential
- Community service and volunteerism
- Public and private partnerships
- Written policies and procedures to guide our daily operations
- Sensitivity and accommodation of special needs populations
- Open and honest communications
- Best use of people and resources
- Respect for and management of confidential information
- A quality work environment and safety in the work place.

Public Health Core Functions and Essential Services

The Dutchess County Department of Health is committed to the core functions of Public Health and strives to deliver the essential services necessary for people to live healthy lives. The following is a summary of the public health functions and essential services.

The Core Functions of Public Health are:

1. Assessment and Monitoring of the health of communities and populations at risk to identify health problems and priorities;
2. Formulating public policies, in collaboration with community and government leaders, designed to solve identified local and national health problems and priorities;
3. Assuring that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

The Ten Essentials Public Health Services are:

- ◆ Monitor health status to identify community health problems
- ◆ Diagnose and investigate health problems and health hazards in the community
- ◆ Inform, educate, and empower people about health issues
- ◆ Mobilize community partnerships to identify and solve health problems
- ◆ Develop policies and plans that support individual and community health efforts
- ◆ Enforce laws and regulations that protect health and ensure safety
- ◆ Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- ◆ Assure a competent public health and personal health care workforce
- ◆ Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- ◆ Research for new insights and innovative solutions to health problems

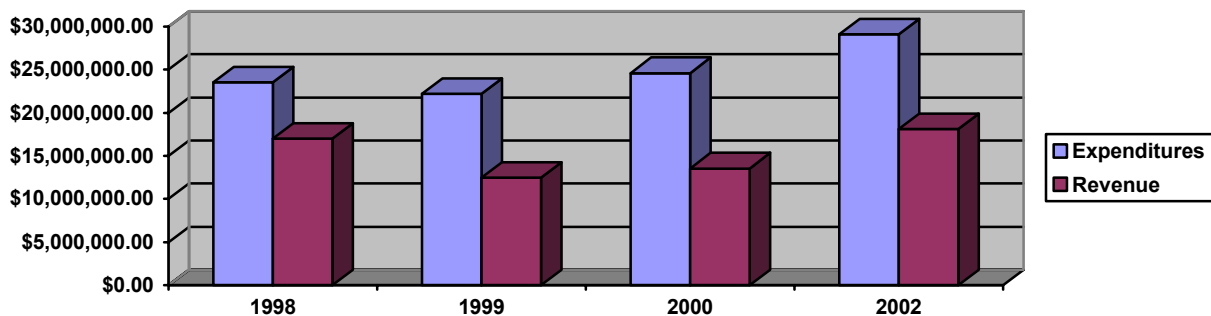
Fiscal Information

Total Receipts by Source \$17,425,325

General Fund Subsidy
Grants
Clinic Fees
Environmental Health
Other Charges
Vital Statistics
Home Visiting

Total Expenditures by cluster \$29,552,013

Assessment and Health Information
Support Services
Environmental Health
Health Services



These charts illustrate the Department of Health's major sources of income and expenditures for the fiscal year of 2002. They reflect all receipts and expenses incurred by the Department. NYS Article 6 aid continues to be the major funding source for our various public health activities. However, the trend in recent years shows us becoming more reliant on grants and fees for services. Because of the growth in our receipts, we have been able to increase the level of services provided to the community.

In 2002, Dutchess County Department of Health received 18 different grants which totaled \$2,282,444. These grants have covered a variety of public health concerns including diabetes, youth tobacco use prevention, nutrition, heart health, bioterrorism & emergency preparedness, Lyme disease, HIV/AIDS, West Nile virus, lead poisoning, rabies, immunizations, tuberculosis, and improving the home health of our Dutchess County families. The individual amounts of these awards range from \$ 3,730.50 to \$ 333,061.

ESSENTIAL # 1: Monitor health status to identify community health problems

We are increasingly data driven in our priority setting, applying our resources in ways that optimize prevention and risk reduction. Monitoring and assessing activities include the systematic collection and analysis of information regarding the health of the community. Information collected includes status, needs, resources, epidemiological, and other studies of local public health. The following offers a review of the Dutchess County Department of Health's monitoring and assessment activities in 2002.

1. Infectious/Communicable Disease Surveillance

DCDOH provides an effective and responsive communicable disease surveillance program, including both active and passive surveillance systems. Over 7,000 reports of priority diseases and disease outbreaks were reported to the Department during 2002. Disease surveillance has been enhanced in four areas: Bioterrorism; Arthropod disease (including Lyme disease and West Nile); Tuberculosis; and HIV/AIDS.

Improvements in disease surveillance has been made with local hospital emergency rooms and schools to heighten awareness and vigilance in order to mount a timely response to potential **bioterrorism** events. Reports of possible exposure to anthrax throughout the county last year received immediate and appropriate response. The potential threat of smallpox has increased our vigilance even further.

Enhancement of **Lyme** disease surveillance and reporting (a significant arthropod-borne disease affecting over 13,000 Dutchess County residents from 1987 – 2002) coincides with receipt of significant Centers for Disease Control and Prevention (CDC) grant that includes the Institute of Environmental Studies and American Lyme Disease Foundation, as partners. There was an enhanced surveillance program that targeted those persons reported in the study sites. With greater awareness throughout the community and by physicians, we received 4,900 reports of potential Lyme disease. DCDOH confirmed 1,775 cases of Lyme disease. This is the second highest total since 1996 when 1,836 cases were reported.



Two other arthropod borne diseases were also reported: **Ehrlichiosis** number sharply increased this year. There were 84 confirmed cases in 2002. Reasons for the increase are likely linked to the awareness created from Lyme disease grant activities. Additionally, there were six confirmed cases of **acute babesiosis** in Dutchess County. All the cases were locally acquired. The state has requested to be notified of acute baesia cases. They sampled ticks in and around the area of residents of the infected person. The ticks will be analyzed for the presence of Babesiosis.



West Nile virus (WNV) surveillance efforts were enhanced in 2002. All reports of viral meningitis, encephalitis, and Guillain-Barre Syndrome are actively investigated. While there have been no confirmed human cases of WNV, several county residents have been serologically tested and reported having antibodies indicating prior exposure. Surveillance activities also included dead bird reporting and mosquito traps. In 2002, countywide WNV surveillance detected the virus in 44 birds and, for the first time, one mosquito pool (raising concern for potential human cases in 2003).

During 2002, Dutchess County saw an increase in the number of active cases of **Tuberculosis** disease (5 cases in 2001 and 9 cases in 2002). Although there were only 9 active cases of TB, the staff investigated about three times as many suspects. The TB program continues to follow the CDC guidelines for testing and treatment. There was a 51% increase in the number of TB skin tests administered in 2002. A total of 1,562 tests were done. A survey was conducted during the year to see who was attending the Mantoux Testing Clinics. The survey revealed:

- 25% homeless (tested for shelter placement)
- 20% for placement into drug and alcohol rehabilitation
- 30% for pre-employment
- 16% for school or work
- 5% for immigration status
- 4% miscellaneous



There were 231 persons evaluated in the DCDOH Pulmonary Clinic. Of these, 114 were enrolled in the program for treatment of latent TB infection. This enrollment was an increase of 16% from the previous year. DCDOH maintains a 100% completion of therapy rate for patients with active disease and an 85% completion rate for patients with latent infection. Both these rates exceed the national average.

Finally, enhancement of **HIV/AIDS** surveillance, utilizing and assuring secure and confidential processes allows for better planning and implementation of services to meet the locally relevant needs of existing and emerging high-risk populations affected by this epidemic.

2. Targetted Needs Assessment Projects:

With the ultimate goal of providing accurate, up to date information that will allow better programming to address gaps in services, DCDOH has worked diligently to capitalize on area schools of public health, joining academia with public health practice with the following initiatives:

Maternal Child Health Needs Assessment

In partnership with the School of Public Health at the New York State University in Albany, with funding from the Dyson Foundation and the New York State Department of Health, DCDOH joined the other Hudson Valley county health departments (Ulster, Orange, Sullivan, Rockland, Putnam and Westchester) to establish the Hudson Valley Health Data Institute. The project was launched with the collection and analysis of maternal child health data sets at the municipality level for each of the counties involved. The data was analyzed, and augmented with Geographic Information System (GIS), documenting maternal health needs of our community for use in maternal child health program development and evaluation. The data can be viewed at <http://www.dutchessny.gov/dcmihi.htm>.

Building on the Health Data Institute statistics, Dutchess County Department of Health in collaboration with the Children's Services Council and Dutchess County Youth Bureau conducted a comprehensive community assessment for maternal child health issues in Dutchess County. The New York Medical College - School of Public Health conducted

interviews with key informants and service providers to identify current trends, needs, and gaps in services, and to obtain various perspectives on the current maternal child health service system in our county. The information gathered in this assessment added to the maternal child health data set will be used to strengthen our maternal and child health programs.

Hudson Valley's Immigrant Populations Study

In partnership with the New York Medical College - School of Public Health, the New York City Department of City Planning, and the Hudson Valley Regional Health Officers Network (HVRHON), DCDOH engaged in a community assessment of the growing immigrant population in the Hudson Valley Area. Data profiles for selected zip codes were developed based on the 2000 census as well as vital statistics data on births by foreign-born mothers and data on the flow of recent immigrant arrivals from the Immigration and Naturalization Service. The data collected in 2002 will help counties to develop a regional strategic plan for meeting the health care needs of the foreign-born population.



ESSENTIAL # 2: Diagnose and investigate health problems and health hazards in the community

Diseases are investigated to prevent and control their being spread to susceptible individuals; to identify the etiology; to understand the epidemiology as well as apply specific scientific interventions for a particular disease and; to initiate appropriate medical treatment, if necessary. The Dutchess County Department of Health receives reports of specific diseases incidence from physicians, emergency rooms, laboratories (directly or via ECLRS – "Electronic Clinical Laboratory Reporting System"), infection control nurses, school nurses, colleges, long term and correctional facilities, and sometimes patients, patient's families, and/or community members.

1. Infectious/Communicable Disease Outbreaks

Disease control and prevention are facilitated by our enhanced passive and active disease surveillance and reporting systems. Timely reporting of individual cases and outbreak events prompts initiation of the epidemiological investigation response significantly limiting potential for further transmission and impact of infectious diseases events within households and the community-at-large. The following are accounts of the outbreak investigations done in 2002:

Norwalk-Virus

In early 2002, dozens of students at a local campus reported sudden onset of severe gastro-intestinal symptoms after participating in events where food was served. The college health service phoned to report the outbreak on a Sunday evening. The DCDOH Communicable Disease Control staff ordered lab testing and initiated control measures. The month-long investigation conducted jointly with our Environmental Health Services Division involved inspecting the campus food service and other local eating establishments and involved as many as 400 students. The agent responsible was identified as Norwalk virus (the same organism involved in GI outbreaks aboard cruise ships). It is primarily transmitted person-to-person, rather than through food. Norwalk virus likely caused several other investigations of GI disease outbreaks in nursing homes, long-term care facilities, camps, daycares, as well as two local hospitals in 2002.

Neisseria meningitides

One case of Neisseria meningitides, an acute bacterial disease that can cause of serious illness or death was investigated in 2002. This exhaustive investigation resulted in prophylaxis of all contacts.

Malaria

An individual who acquired malaria in sub-Saharan Africa became ill while attending a local camp during the summer of 2002. This case report resulted in a full-scale investigation and isolation of the patient pending treatment with appropriate anti-malarial medications. Mosquito trapping revealed that the mosquito vector (species) that can transmit malaria, exists in our area. It should be noted that several malaria reports of individuals acquiring the disease in Washington, D.C. during the summer of 2002, indicated the need for heightened vigilance in order to assure that this illness does not become a threat to residents of the county or region.

2. Sexually Transmitted Diseases

Gonorrhea numbers remain constant at 183 for the year. **Chlamydia** numbers were at 437 (a slight increase from last year's number of 397). Chlamydia has only been reportable since the summer of 2000 and as a result, concrete conclusions cannot be made about the trends.

There was an outbreak of early **Syphilis** in 2002, linked to cases in New York City. This was particularly significant because the HIV co-infection rate is about 60% in men who have sex with men (MSM) with syphilis and it could signify a resurgence in the number of new cases of HIV. The cases were intensively investigated and effectively treated, thus limiting the serious long-term effects of the disease. Outreach was also done in an effort to prevent future cases.

3. Environmental Hazards

The Environmental Health Services Division continued conducting **environmental lead assessments** that have reduced the blood lead levels of children.

DCDOH **emergency response protocols** continued refinement during 2002 in order to improve the Department's response to chemical, radiological, and/or biological hazards in compliance with the federal Centers for Disease Control & Prevention (CDC) and New York State Department of Health (NYSDOH) guidelines and protocols.

The Environmental Health Services Division continued to address **West Nile virus** during 2002, supervising the treatment of over 9,000 catch basins throughout Dutchess County with biological mosquito larvicide, accomplished through a professional contracted provider, in order to reduce the transmission of this virus within our community.

4. Medical Examiner Program

The evolution of the Dutchess County Medical Examiner Program to a forensic pathology-based program was made possible by the commitment of the County Executive, William R. Steinhaus and his staff, allocating time and resources to making this vision a reality. During 2002, the Center for Governmental Research, Inc. (CGR) completed its initial study evaluating the existing Medical Examiner Program. The study, which developed models for a medico-legal death investigation program, was submitted to the Dutchess County Department of Health in June of 2002. In September of 2002, the County Legislature unanimously approved the programmatic change.



DCDOH plans to hire a Chief Medico-Legal Investigator and will also begin the process of recruiting a Forensic Pathologist in 2003. A Principal Program Assistant position was filed to support this program. Concurrently, DCDOH is beginning a second collaborative project with CGR, Inc. to conduct a thorough analysis of the need for a morgue facility/forensic center in Dutchess County. In the coming year, DCDOH will continue to work with its partners in law enforcement, funeral director associations, and human service agencies in the community in this effort.

ESSENTIAL # 3: Inform, educate, and empower people about health issues

Health information, education, and communication activities designed to reduce health risk and promote better health are a crucial part of ensuring a healthy community. Placing Public Health on the community agenda is one of the most critical tasks a local health department is called to do. DCDOH is accomplishing this by increasing its communication with the public through the media; participating in health fairs and community events; as well as engaging in direct community educational presentations.

1. Health Communication Activities

The Department initiated a Health **Commissioner's Column** in the Poughkeepsie Journal's Health Section, which appeared on the second Sunday of each month during 2002. This regular column provided ongoing communication with the community on a variety of health topics which in turn, helped to raise awareness and understanding of public health issues.

News releases and Public Service Announcements (PSAs) were sent out each week to the local media. During 2002, a total of 65 news releases and PSAs were distributed on various health related topics. The inclusion of these releases by the local print media, which includes Poughkeepsie Journal, Taconic Newspapers, and Southern Dutchess News, revealed that there was a minimum of 75 printings. It was also documented, that the department received and provided interviews and source information based on media inquiries to print media (16), television/cable entities (8), and radio stations (2).

The Department's **webpage** on the County website was also regularly updated to provide information to the public. By the end of December 2002, we recorded a cumulative number of 10,399 hits for the Department's pages on the County Website.

Telephone **Hot-lines** on topics such as HIV, Lyme, and WNV as well as immunization/flu were designated for public inquiry. All the hot-lines showed heavy usage, with increases during seasonal periods (i.e. summer months for WNV and Lyme; and fall months for Flu).

Dutchess County Department of Health's staff also organized and/or participated in **special events** for Lyme Disease Awareness Week, Breast Cancer Awareness Month, and World AIDS day. A total 90,496 educational materials were distributed via educational sessions, mass mailings, and community events.

There were 330 requests for **educational presentations** for health programs originating from day care providers; pre-school, elementary, middle, and high schools; colleges; and camps. Public health nursing staff, public health advisors, sanitarians, and public health education coordinators combined provided 563 educational presentations during the year, reaching 12,266 individuals (including both children and adults). Pre and post-tests as well as satisfaction surveys were utilized for 80% of these presentations, and revealed overall good satisfaction as well as good retention of the information presented.

Responsiveness to the needs of **Spanish-speaking** families was improved by the addition of a Spanish-speaking staff person, a contract for interpretation services; a poster about the availability of services available to the Hispanic community, and increased participation in community events sponsored by the Association for Hispanics to Obtain Resources and Assistance (AHORA).

2. Community Education

Tobacco Use Prevention Program - DCDOH has been working relentlessly to protect youth from the detriments resulting from tobacco use. From January to September of 2002, a Public Health Nurse made 54 educational presentations in schools and Community Based Organizations, reaching a total of 1,326 students/youths. Evaluations conducted from January to June revealed the following:

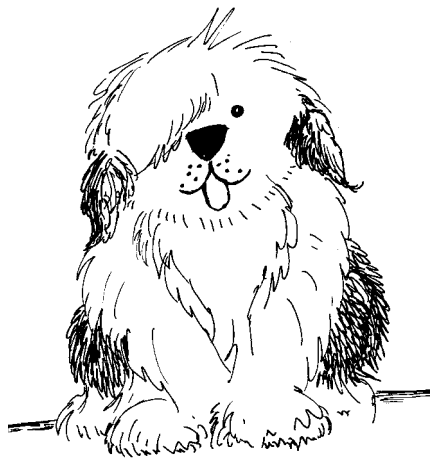
- The program was rated excellent by 72% of the recipients & very good by 22%.
- Pre and post tests surveys revealed an increased in awareness among the majority of the students reached.

The Department showed an increase in the number of lifeguards and operators of **swimming pools and bathing beaches** who attended educational presentations on drowning prevention; an undertaking that has saved lives.

DCDOH partnered with the American Lyme Disease Foundation (ALDF) and the Institute for Ecosystem Studies to create a community-based program designed to prevent **Lyme Disease** by using new approaches toward reducing vector tick populations. *In April 2002, a Lyme Disease & Other Tick-borne Diseases Conference* was held at Casperkill Country Club. The first half of the conference targeted physicians, and the second half discussed measures of tick control and reduction.



Additionally, 19 Lyme Disease educational programs were presented at various sites throughout the county, as well as the distribution of an educational packet with Lyme disease information to all school children prior to their being excused for the summer break. Of particular success was the development of a 'Tick Removal Kit' that is distributed to persons who attended Lyme Disease educational programs. This tool targets and reinforces the primary message that individuals need to perform tick checks and to properly remove ticks.



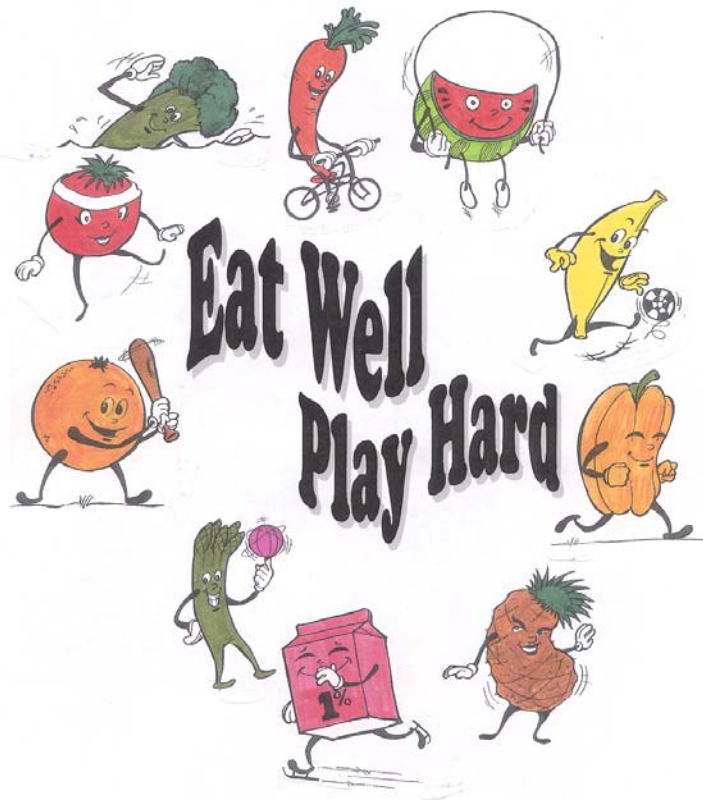
Based on the need for Lyme disease education for children ages 5 through 9, the Department developed and introduced "Tick Check Harry," a shaggy Old English sheep dog. A model of "Tick Check Harry" has flax and poppy seeds glued to various parts of his body to represent adult and nymphal ticks. A story accompanies Harry to explain different places he has played where he might have been exposed to ticks. The objective is to teach this age group the importance of performing a thorough tick check, especially due to the small size of ticks. Children find Harry pleasing to touch and enjoy the challenge of finding the "ticks." The ultimate goal is for the children, after playing with Harry, to have an increased awareness of ticks and to initiate checking themselves more thoroughly after playing outdoors, just as they did with Harry.

An extensive public health education effort was also undertaken relative to **West Nile virus (WNV)**. DCDOH obtained informational packets in 17 different languages from the NYSDOH which were distributed at the Dutchess County Fair, educational presentations, summer camps, City of Poughkeepsie's Latino Fair, and the 12th Annual Wellness Health Fair at the Culinary

Institute of America. At these sessions, a booth was set up with a poster presentation, educational literature, educational presentation, and a demonstration bowl containing larvae. The larvae were the most popular and informative impact resulting aspect of the day. WNV prevention television ads were aired from May 7th until October 28th on Cablevision and Time Warner. A total of 234 spots aired on Cablevision (CNN, Lifetime, TLC, Weather Channel, Food, and News 6) and 1,380 spots aired on Time Warner (CNN, Life time, Discovery, USA, Weather). Additionally, 55,000 brochures were mailed out to all school districts for distribution to every child. Information was also sent to all summer camps.

Nineteen **nutrition educational** presentations were conducted for 340 students and 64 day care providers, teachers, and adults. Fourteen preschool **physical activity** presentations were conducted for 151 students and 96 day care providers, preschool teachers, and adults. There were 138 day care providers trained on Eat Well Play Hard strategies and how to incorporate them into daily activities and their curriculum. A survey of 81 providers revealed that 49% were incorporating changes into their programs.

Over 1,083 individuals participated in **diabetes** education / awareness through scheduled Diabetes Sundays or health fairs. Diabetes Sunday is a ten-minute educational awareness program offered to the faith community. A simple definition of diabetes, current statistics, risk factors, signs, and symptoms are provided for the audience. There were also nine diabetes presentations offered to schools which included information about the disease and healthy eating options for people with diabetes which reached 107 students. The Culinary Institute of America was contracted to develop a Healthy Holiday Eating video for people with diabetes. In addition, a resource informational packet was put together for three Mid-Hudson libraries (LaGrange, Beacon, and Pawling). The packet includes a Healthy Holiday Eating Video, laminated copies of recipes mentioned in the video, laminated one-page fact sheets of foot care, nutrition, the diabetic eye, diabetes overview, and the ABCs of diabetes, as well as a copy of the Mid Hudson Catskill Diabetes Resource Guide.



In 2002, thirty-seven presentations were given on **Stress Management and Cardio-vascular Health** to at-risk minority populations in the community and at a local jail. More than 700 participants were reached and evaluations consistently revealed an increase in knowledge and satisfaction with the program.

ESSENTIAL # 4: Mobilize community partnerships to identify and solve health problems

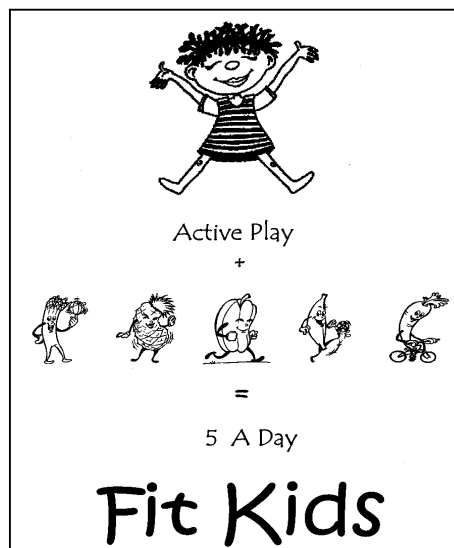
DCDOH continues to build coalitions to draw upon a full range of potential human and material resources to improve community health. The Department convenes and facilitates partnerships among groups and associations in undertaking targeted health improvement projects, identifying potential stakeholders who contribute to or benefit from public health, and increasing their awareness of the value of public health.

1. Coalitions to Prevent Chronic Diseases

Several initiatives were implemented to address chronic diseases including childhood obesity; healthy heart; tobacco use; asthma; and diabetes. These initiatives are prevention programs involving the community through coalition building and public/private partnership.

The **Eat Well Play Hard** coalition began in 1999, and continues to address childhood obesity through the promotion of increased physical activity, increased consumption of fruits and vegetables, and consumption of low-fat dairy products starting at the age of two.

In 2002, the Eat Well Play Hard program was selected by the Dannon Institute as one of the most innovative programs to have a significant impact on community nutrition education and communication throughout the country. The Dutchess County Eat Well Play Hard was named a winner in the fifth annual *Dannon Institute Award for Excellence in Community Nutrition*. The award was presented in October at the American Dietetic Association Food and Nutrition Conference held in Philadelphia.



Heart disease also continues to be a major cause of morbidity and mortality of our residents. County Executive Steinhaus has charged DCDOH with the task of implementing several programs aimed at reducing heart disease and increasing the chance of survival following a cardiac arrest. These programs include:

- **The Healthy Heart Program** is a Putnam-Dutchess County project funded by the New York State Department of Health. DCDOH is the lead agency for this worksite wellness initiative addressing physical activity, nutrition, and stress management. Twenty-one worksites were involved in 2002. Employees at these targeted worksites received health literature on nutrition, physical activity, and stress. Physical activity initiatives began at the worksites, including one Move for Life Program, several walking groups, strength training classes, pedometer walking, and yoga classes. Thirteen sites are receiving ongoing technical assistance and supplies to assist in developing physical activity initiatives, improving nutrition choices at vending machines, cafeterias, office meetings and holiday parties, and instruction in stress management techniques.

- The **Operation Heart Beat Program**, in collaboration with the American Heart Association, objective is to increase the chances of survival for anyone having a cardiac arrest in Dutchess County. To achieve this objective, strategies were developed which include CPR training to high school students in Dutchess County before graduation and implementation of Public Access Defibrillators (PAD). By the end of the 2001/2002 school year, 1,200 high school students and 280 middle school students received CPR training. DCDOH is also responsible for the County's PAD program, which includes training and installation of Automated External Defibrillators (AEDs) in eight designated County buildings. AEDs are one more critical component in the sudden cardiac arrest Chain of Survival. DCDOH, along with the American Heart Association and Dutchess Community College, trained over 100 Dutchess County employees in the American Heart Association "Heartsaver" AED course which will enable them to recognize a cardiac emergency and use the equipment to return the victim's heart to regular rhythm.
- The **SmokeFree Dutchess Coalition** is made of physicians, businesses, schools, not-for-profit agencies, and individuals who are interested in preventing smoking related morbidity and mortality in Dutchess County. For 2002, this group focused on four main objectives: Promote Quitting Among Adults and Youth; Prevent Initiation Among Youth; Eliminate or Reduce Disparities Among Population; and Reduce Exposure to Environmental Tobacco Smoke.
- In 2001, the DCDOH received a grant from the NYSDOH (Legacy Foundation) to implement a **Youth Empowerment Program** in partnership with the Dutchess County Cornell Cooperative Extension. The target group are youths from 13 to 18 years of age. A youth empowerment campaign is conducted through this grant with activities and projects designed to help teen make a more informed decision about tobacco use. *In 2002, over 600 youths participated in one or more event, and 15 have received public speaking training. Additionally, four agencies have received mini grants for their individual YEP teams – reaching over 170 teens.*



- In 2002, the Dutchess County Executive allocated \$500,000 in the DCDOH's budget towards a **Children Health Initiative** under the auspices of the Children Services Council. The goal of this initiative is to establish a comprehensive plan for Youth Tobacco Use Prevention. Since its inception in 2001, the Children's Health Initiative has *allocated funds to 15 different programs that have reached 30,000 Dutchess County youth. DCDOH serves as the connecting agency between the Smoke Free Dutchess Coalition, the Children Health Initiative, and the Youth Empowerment Program*, working with all local partners to ensure comprehensive planning, non-duplication of services, increasing resources utilization and effectiveness of comprehensive programming.
- With the help of 19 trained volunteers, the **Dutchess County Asthma Coalition** continued to implement the American Lung Association's Open Air Way Program into the schools, reaching 159 elementary school children. School nurses were invited to a program titled "Managing the Student with Asthma," which focuses on the use of nebulizer/compressor, MDI, peak flow meter, and spacers. Asthma education kits were distributed to three Mid Hudson libraries: Poughkeepsie, Pawling, and Beacon. These kits can be accessed through any library in the Mid Hudson library system. Two additional kits were distributed to two video stores: Chelsea Video in Rhinebeck and

Red Hook Family Video in Red Hook. Information was sent to 104 pediatricians describing the Asthma Education Kit and how their patients could borrow one. An additional kit is available at Saint Francis Hospital's Center for Health Information.

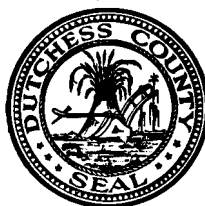
- The **Dutchess County Diabetes Coalition** has been very proactive in 2002, producing a *Healthy Holiday Eating Video* produced by the Culinary Institute of America. In addition to airing on local television, a resource informational packet was put together for three public libraries for checkout. On October 9th, 2002, an educational program for allied health care professionals (nurses, dietitians, physician assistants, pharmacist) was offered at the Clarion Hotel in Newburgh, to fifty-five participating professionals. DCDOH continued to offer community education programs to local residents in senior housing and at local churches. The programs are advertised through church bulletins and posted in the senior centers. Sessions include the standards of care for person with diabetes. Additionally, 341 individuals have participated in diabetes education/awareness through scheduled educational programs, Diabetes Sundays, and health fairs.

2. Other Community Partnerships

In 2002, we witnessed a change in the trend of STD reporting. Private providers enhanced their diagnosis, treatment, and reporting of STDs, especially chlamydia and gonorrhea. DCDOH initiated a coalition to address case identification, risk reduction, and optimal treatment for patients with STDs. The highest reporting providers were invited join **AARMS (Affiliated Approach to Risk reduction and the Management of STDs)**. AARMS' objective is to strategize concerning case identification initiatives, optimal treatment recommendations, and to increase medial education opportunities.

The **Mid Hudson Adult Immunization Coalition** works together to increase the number of older adults immunized against flu and pneumonia. An informational program for flu vaccine providers was held on September 26, 2002 at the Ramada Inn in Newburgh. In addition to the direct service of immunization, DCDOH offers high-level technical support to dozens of local health care provides and community agencies. The result is greater number of providers that are able to vaccinate against flu and pneumococcal, therefore extending reach to populations not previously vaccinated.

DCDOH's personnel regularly participated in various other coalitions including, but not limited to, Dutchess County Health 2000 Coalition, Eastern Dutchess Rural Health Network, Dutchess County Housing Consortium, Family and Consumer Science Committee, American Cancer Society, Healthy Women's Partnership, Domestic Violence Prevention Coalition, Teen Pregnancy Prevention Network, American Heart Association, Children Services Providers Network, and the Children Services Council.



ESSENTIAL # 5: Develop policies and plans that support individual and community health efforts

This particular essential service includes the development of policies to protect the health of the public and to guide the practice of public health as well as the systematic community-level and state-level planning for health improvement in all jurisdictions. In 2002, DCDOH was involved with both aspects of this essential through Sanitary Code Amendments and Dutchess County's Clean Indoor Law, as well as Bioterrorism preparedness planning activities.



1. Policy Development

The Dutchess County Legislature enacted local law No 5 of 2002 to regulate secondhand smoke by prohibiting smoking in public places and places of employment. DCDOH is charged with enforcement of this law that will come into effect on January 1, 2003, as well as educating the various publics affected by the law. An education campaign will be undertaken to facilitate business owners' compliance with the new law.

The Dutchess County Sanitary Code was amended in 2002 as follows: Article 7-Temporary Residences, was adjusted to conform with the New York State Fire and Building Code; and Article 22-Child Care Facilities and Nursery Schools, was revised relative to immunization types and exemptions. Additionally, Article 28 was adopted to address the Department's oversight of tanning facilities.

2. Plan Development

As a result of the tragedy of September 11, 2001 and the anthrax events that followed, DCDOH received federal funding through the New York State Department of Health (NYSDOH) for the purpose of enhancing our public health preparedness for and in response to bioterrorism, infectious disease outbreaks, and public health threats and emergencies. DCDOH began to update a plan that will be fully integrated with all health care provider organizations within the county, especially the Dutchess County Comprehensive Emergency Management Plan. DCDOH's planning activities were geared toward five focus areas:

- *Focus Area A - Planning And Assessment:* Establish strategic leadership, direction, assessment, and coordination of activities;
- *Focus Area B - Surveillance:* Enhance, design, and/or develop systems for rapid detection of unusual outbreaks of illness;
- *Focus Area E - Communications And Information Technology:* Establish and maintain a network that will support secured exchange of key information on a 24/7 basis;
- *Focus Area F - Risk Communication:* Develop an effective risk communications capacity that provides for timely information dissemination to citizens during an event.
- *Focus Area G - Education And Training:* Ensure effective provision of needed education and trainings.

Essential #6: Enforce laws and regulations that protect health and ensure safety

This essential service includes the enforcement of sanitary codes, especially in the food industry; the protection of our drinking water supply; the enforcement of clean air standards; follow up of hazards; and exposure-related diseases identified in occupational and community settings.

Food Service Facilities inspections reflected the continuing growth of the food service industry within Dutchess County (2240 inspections in 2001 versus 2656 inspections in 2002).

During 2002, land **development** continued to be very strong in Dutchess County. There were over 722 approvals for various building plans issued by DCDOH. Applications for individual well and sewage approvals continue to be submitted at record levels. Individual sewage installation applications resulted in 949 submissions and 646 approvals in 2002.



Dutchess County continues to play a major role in regulating **Public Water Supplies** (PWS) and assuring their compliance with established codes. Dutchess County has 743 public water supplies, which is more than any other county in New York State. Likewise there are more wells providing water for public water supplies in Dutchess than in any other county, a total of 1270. Thanks in part to funds provided by the **Drinking Water Enhancement Program**; DCDOH increased the number of inspections at public water supplies to an unprecedented level of 834 in 2002. DCDOH also expanded its sampling protocols to include a wider array of chemical analytes at restaurants, camps, day care centers, motels, hotels, grocery stores, delicatessens, and convenient stores. Samples for organic chemicals at these and other types of facilities have increased 58% (291 in 2001 versus 501 in 2002), while samples for inorganic chemicals have almost doubled. Violations cited at public water supplies showed a significant rise in 2002 (54 in 2000; 61 in 2001; 273 in 2002), a natural consequence of the increased frequency of inspections.

DCDOH has been working relentlessly to protect youth from the dangers resulting from **tobacco use**. Dutchess County Sanitary Code, Article 25, was adopted on October 23rd, 1997. It regulates the sale of tobacco products as well as smoking on school grounds in Dutchess County. This smoking policy addresses the need to reduce access to tobacco by our youth, emphasizing that schools and tobacco retailers are two critical sites. Tobacco vendors are required to obtain the DCDOH Permit to sell or distribute tobacco products in addition to their obtaining a New York State Department of Taxation and Finance Retail Dealer Certification of Registration. Compliance Checks are conducted regularly to ensure conformity to the New York State Adolescent Tobacco Use Prevention Act (ATUPA). When retailers are found in violation of ATUPA and/or Article 25, they are subject to strict fines, additional compliance checks, and possible revocation of their permit.

Report on Vendors Enforcement, January 2002 to September 30, 2002

Number of retailers	Number of vending machines	Number of Inspections conducted	Number of tobacco violations
382	19	384	37 sales to minors 1 sale to adult 59 self service violations

In compliance with Article 13 of the Public Health Law, Article 25 of our Sanitary Code, each school district is required to file a written smoking policy and procedures, and to report the number of violations twice annually. This regulation reflects zero tolerance for tobacco use on school grounds, stating that not only smoking but also possession of tobacco products on school grounds is a violation.

Report on School Sites Enforcement Program, January 2002 – June 2002

Public/Private schools	Submitting smoking policies	Submitting smoking/possession violation Sept 00 to Jan 01
Public Schools/Districts	100% (up from 92% last year)	76.6% (up from 72% last year)
Private Schools	50% (down from 57% last year)	56.6% (stable with 57% last year)

During the 2001/2002 school year, reports indicated that 191 individuals violated the zero tolerance policy for smoking/possession of tobacco products on school grounds. Among the private schools reporting on smoking/possession violations, 24 individuals were found to be in violation, of which three violations in private residential schools. Forty-three students were referred DCDOH for an administrative hearing.

ESSENTIAL # 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Local health departments are expected to identify populations with barriers to personal health services, identify services needs of populations with limited access, and assure people are linked to appropriate services. This linkage can be done through coordination of provider services and the development of interventions that address barriers to care. In its function of assurance, local health departments are to provide the health services when these services are otherwise not available.

In 2002, DCDOH carried out a mass mailing to schools for distribution of Child Health Plus (CHP) informational flyers, as well as continued a close relationship with Dutchess County Department of Social Services to promote CHP and Family Health Plus (FHP) and coordinate Managed Care referrals. DCDOH received a total of 126 inquiries in 2002, resulting in 96 referrals for CHP and 30 FHP referrals.

1. Reducing the Threat of Infectious Diseases

Flu/Pneumococcal Vaccine Program

The Flu/Pneumococcal Vaccine Program continues to be a key provider of these vaccines to high-risk groups in the community. This program provided vaccines to almost **6,300 individuals through 25 clinics** that were held throughout the county in 2002. The Flu/Pneumococcal program contributes significantly to improving the health of our residents. In addition to the direct service of immunization, technical support is offered to dozens of local health care providers and community agencies. This has resulted in a greater number of providers that are able to vaccinate against flu and pneumococcal disease thus extending our reach to populations not previously vaccinated.

Immunization Program

The Immunization Program provides childhood vaccines and immunization education to Dutchess County children. The program has clinics throughout the county and provides education for schools, community agencies, and health care providers. Evaluation of immunization rates in private medical practices is a program priority. The data is collected from participating practices and results of the analysis are used to establish accurate immunization levels and to improve immunization rates in private practices. This information is furthermore used to target programs and services to areas with the highest rates of under immunized children. The public health nursing interventions have maintained the immunization rates at public clinics as well as in private practice. For those individuals seen at our DCDOH clinics, **89% of children under the age of two were fully immunized in 2002.**

Adult and Travel Vaccination Program

The Adult and Travel Vaccination program provides vaccinations and health information to international travelers and other adults. In 2002, **366 individuals received important travel advice and vaccinations** against at least 16 diseases (e.g., Typhoid, Yellow Fever, hepatitis A and Meningitis); and **219 individuals** received immunizations. In addition, recommendations and information on adult and travel vaccines were provided to health care providers, individuals, and county residents.

Rabies Program

Public Health Nurses administer a series of five doses of vaccine to persons who have had an exposure to a known or suspected rabid animal. Public health nurses provided the rabies vaccine series to **57 persons in 2002**. The exposure of Dutchess County residents to known rabies vectors resulted in DCDOH-authorized post exposure treatment of 116 persons in 2002.

2. Community Outreach: Home Visiting Programs

Maternal/Child Home Visiting Program



The Maternal/Child Home Visiting Program works directly with families of young children providing nursing assessment, developmental testing, health education, case management, and referral services. These services are the foundation of public health nursing practice. Community health care providers and agencies have depended on these interventions over the years. The **Maternal/Child Home Visiting Program** received **777 referrals** from hospitals, doctors, DSS, WIC, and other community agencies in 2002. The public health nursing staff made **3,861 home visits** to **1,202 individuals** throughout Dutchess County, a 26% increase from the previous year.

Families referred into the MCH home visiting program, displayed the following characteristics:

- 69% are postpartum women and their newborns
- 21% are teenagers
- 20% are premature and/or with congenital anomalies
- 8% are Spanish speaking only

The Public Health Nursing staff also introduced two new community initiatives in 2002: Teaching stress reduction behaviors to parents to prevent Shaken Baby Syndrome; and Teaching techniques to ensure successful breast feeding in the first three months.

Children in Foster Care

The Department of Social Services Foster Care Program refers all foster children under the age of 3 to DCDOH for screening by the Early Intervention Program. This program ensures the healthy development of foster care children and support foster care families. Public Health Nurses screened **48 foster care children in 2002**. These children are receiving developmental screening and surveillance until they reach age 3 or until they are adopted or return home. Ten of these children demonstrated developmental delays and were referred to the EIP program for evaluation.



Newborn Screening

Each newborn in New York State is tested for metabolic diseases and HIV infection. Approximately 1% of these tests are found to be abnormal or incomplete. The NYSDOH refers



those who have a positive or incomplete result for Public Health Nursing follow up. The Public Health Nurse locates the family and arrange for re-testing of the infant. This essential program, while small, has an important role in preventing possible long-term disabling conditions. **In 2002, 71 newborns received follow-up by a Public Health Nurse**, a 14% increase from the previous year. Three tests were added to the newborn screening process: Cystic fibrosis, congenital adrenal hyperplasic, and acyl-CoA dehydrogenase deficiency.

Home Health Care Programs

The Certified Home Health Agency and Long Term Home Health Care Programs continue to serve Dutchess County residents in their homes in spite of today's environment of increasing home health care worker shortages and further stresses placed on agencies due to the new governmental PPS billing initiative. Our supervisory staff provides consultation and fulfills an advisory role on several planning committees (e.g., The Elder Abuse Task Force, Eastern Dutchess County Rural Health Network, and the Home Care Association of Dutchess County). The overriding issue among the home care agencies and companies is the shortage of home health care workers and the widening gap between those needing services and availability of qualified workers to provide those services.



DCDOH's Certified Home Health Agency and Long Term Home Health Care Programs were surveyed by the New York State Department of Health in December of 2002. The agency was found to be in substantial compliance with Federal Conditions of Participation.

3. Other Public Health Services

Childhood Lead Poisoning Prevention Program

The Childhood Lead Poisoning Prevention Program's focus in 2002 has been to increase the number of Dutchess County children who are tested for blood lead at age one and two. Emphasis has been placed on outreach and education of physicians, health care providers, and other community agencies that serve this young population. Two major events were targeted for focused preventive education: KIDS EXPO and the Greater Hudson Valley Home Show. Both events were well attended. DCDOH initiated outreach to parents attending WIC clinics in 2002. Additionally, the childhood immunization program and the childhood lead poisoning prevention program have been working jointly on assessment and educational activities. As in the past, children with elevated blood lead levels receive follow-up to ensure that their exposure to environmental lead is reduced. There were **seven** new cases of children with elevated lead levels in need of environmental and nursing interventions, as a result Environmental Division staff made 45 related visits and PHN division made 35 related visits.



Children With Special Needs

The Early Intervention Program also provided services to **1110 infants and toddlers with disabilities and their families with an appropriation of \$5.8M.** The Preschool Special Education Program provided services to **956 children ages 3-5 with an expenditure of \$10.3M.**

New software has greatly increased clerical efficiency in the following area: in the Early Intervention Program, where provider agencies now bill electronically with software developed by OCIS; and in the Preschool program, where claims for state reimbursement can be done electronically from NYS Department of Education; and through collaboration with DCDSS, both programs have greater access to claiming reimbursement for children who are covered by Medicaid.

Adult And Senior Citizens' Health

Public Health Nurses provide seniors with education about adult vaccinations including flu and pneumonia as well as distributed flu and pneumonia vaccination clinic schedules at the annual "Golden Gathering" hosted by Sen. Stephen Saland.

In May, DCDOH participated in a community health fair in Amenia to celebrate the opening of the Hudson River Community Health, a federally funded clinic. Over 400 people attended and received information regarding services that are offered by DCDOH.

Put Prevention Into Practice

This partnership between Dutchess County and SPARC (Sickness Prevention Achieved Through Regional Collaboration) seeks to facilitate the delivery of clinical preventive services in primary care settings. In 2002, the program worked closely with a family practice physician and their office staff to assess their current clinical preventive practice. Barriers to the delivery of these services were identified and technical assistance was provided to help implement a program for offering pneumococcal vaccine to all eligible patients.

Dutchess County Healthy Families

Dutchess County Healthy Families is a \$ 660,000 grant for a voluntary home visiting program of for expectant parents and families with infants in the cities of Poughkeepsie and Beacon. Program goals include improving maternal and child health, as well as social outcomes for families who are at high risk of child abuse or neglect. Dutchess County Healthy Families is a collaborative effort with all of the agencies in the community providing services to expectant families and families with children.



DCDOH is the lead agency and subcontracts with Mid Hudson Family Health Institute to provide weekly intensive home visiting services until the child is at least six months old and periodically thereafter based on the needs of the family until the child enters school or Head Start. There are currently **56 families** enrolled in the program.

HIV Counseling and Testing

In attempt to outreach to a higher risk population, DCDOH's Communicable Disease Division initiated HIV counseling and testing at the Methadone program clinic in 2002 and expanded HIV counseling and testing at STD clinics. DCDOH counseled and tested 1,006 individuals in 2002.

Dutchess County's Ryan White CARE Act, Title I Program

Dutchess County became initially eligible for Federal Title I funding in 1994. As a funded area, Dutchess County is unique among Eligible Metropolitan Areas (EMAs) in that its geographic boundaries exactly correspond to the EMA boundaries and, therefore, does not share its Title I grant award with any other political subdivision. Dutchess County is among the smaller EMA's in terms of funding level of all the EMAs (51 total) nationwide.

County Executive William R. Steinhaus, designated DCDOH as the Administrative Agency for the Ryan White, Title I. Title I legislation requires the establishment of a local Planning Council by the EMA's Grantee to: conduct a community-wide Needs Assessment and create a strategic Community HIV Comprehensive Plan; determine local service priorities; set funding allocations; develop Standards of Care so that the Administrative Agency can solicit proposals from local organizations and agencies, determine which can best achieve the objectives of the Council's prioritized needs and award contracts to achieve the Council's goals and objectives. County Executive Steinhaus appointed the first Dutchess County HIV Health Services Planning Council (DCHIVHSPC) in 1995 with members fulfilling all of the federally mandated categories and who reflect the EMA's population with regard to the HIV epidemic. New DCHIVHSPC members are appointed by the Dutchess County Executive after they have been reviewed and approved by the Planning Council. Membership application is placed through the established "Open Nominations Process." DCHIVHSPC is lead by two Co-Chairs who share leadership responsibility equally. Currently the Planning Council consists of 25 voting members.



Dutchess County EMA received its first grant award in 1995 and since that time that award has increased steadily to the point where in 2002, Dutchess received almost \$1.3 million in federal funding. These funds support and enhance direct medical and health-related services to persons in Dutchess County who are infected with and affected by HIV and AIDS. All services and programming is provided through contracted community based agencies. During 2002 programs included: primary medical care; early intervention services; transportation; case management; food & nutrition services; mental health & substance abuse services; emergency support services; and ADAP (the New York State AIDS Drug Assistance Program). In its 2003 Ryan White, Title I Application for funding Dutchess County has requested over \$1.9 million.



ESSENTIAL # 8: Assure a competent public health and personal health care workforce

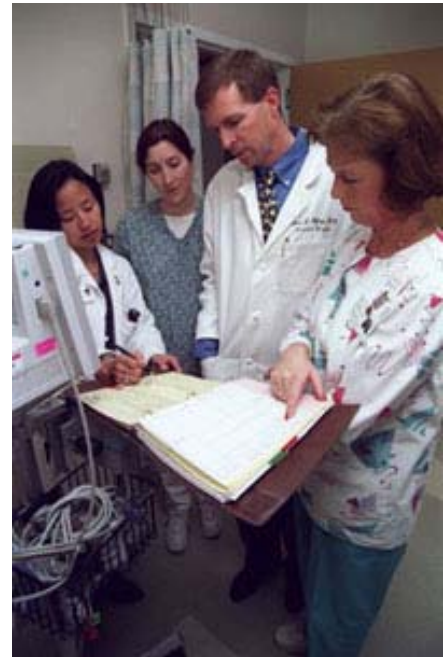
The public health workforce is comprised not only of DCDOH's staff, but also personnel from other sectors of the community including the medical community. To ensure a competent workforce in Dutchess County, DCDOH utilizes a variety of strategies, including organizing teleconferences, workshops, and training that offer Continuing Medical Education to the participants.

In 2002, the DCDOH hosted twenty-six teleconferences, sixteen of which were related to bioterrorism preparedness. Other topics included judicious use of antibiotics, urban sprawl, Lyme disease, lead poisoning prevention, obesity, immunization updates, etc.

DCDOH personnel also participated in an educational conference entitled "Sexual Assault: What Health Care & School Personnel Need to Know."

A number of training events were held for Early Intervention providers, such as monthly orientations for all new providers, "Learning about Autism" presentation to Service Coordinators, a conference on family training activities, and workshops on Early Intervention philosophy and techniques for providers.

In April, DCDOH co-sponsored a continuing medical education conference at the Poughkeepsie Grand Hotel. "Bioterrorism: A Team Approach to Emergency Response" was well received and attended. Many participants found the event to be a great source of bioterrorism preparedness information, especially since the events of September 11th had recently occurred, and we were dealing with the after affects. The day-long event showcased such sessions as "Challenges of Bioterrorism," "Homeland Defense for Responding to a National Threat," "Bioterrorism and the Media: Informing or Inciting," Public Health Aspects of Smallpox Containment," "What Hospitals Should be Doing," "Bioterrorism: Psychological Issues," and "How Germs Become Weapons: Recognizing Agents."



Additionally, a Diabetes educational program for allied health care professional (nurses, dietitians, physician assistants, pharmacist) was coordinated and held on October 9, 2002 at the Clarion Hotel in Newburgh, New York. A total of fifty-five professionals were in attendance. The program was an overwhelming success.

School nurses were invited to the program "Managing the Student with Asthma" which focused on the use of nebulizer/compressor, MDI, peak flow meter, and spacers.

DCDOH also conducted a mass mailing of domestic violence information to physicians providing them with the AMA's diagnostic/treatment guidelines.

Essential # 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

The evaluation of population-based services is built on the analysis of health status, service utilization and community satisfaction data. The purpose of this essential service is to assess the programs' effectiveness and provide information to allocate resources and reshape the programs.

OUTCOME-BASED QUALITY IMPROVEMENT



In 2002, the home care supervisory staff continued to meet the federal requirements to maintain an ongoing Outcome-Based Quality Improvement Program for the Certified Home Health Agency (CHHA) and Long Term Home Health Care Program (LTHHCP). This two-stage quality improvement approach is based on the principle that patient outcomes are central to continuous quality improvement. The entire homecare staff participated in ongoing OBQI process. In 2002, improvement was shown for targeted outcomes. Through the implementation of a plan of action, which included best practice guidelines, there was a 3% decrease in acute care hospitalizations for patients. DCDOH continues to work collaboratively with IPRO, a national quality review organization.

Community Health Status Report

The Community Health Status Report provides an overview of the Measures of Birth and Death for Dutchess County. It was released in April 2002 at the annual Public Health Partnership Award Luncheon. Below is a table which includes areas measured and results for Dutchess County and New York State. It also provides the Healthy People 2010 goals.

Health People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

Like the preceding Healthy People 2000 initiative, which was driven by an ambitious, yet achievable, 10-year strategy for improving the Nation's health by the end of the 20th century, Healthy People 2010 is committed to a single purpose: promoting health and preventing illness, disability, and premature death.

Healthy People 2010 is grounded in science, built through public consensus, and designed to measure progress. It is designed to achieve two overarching goals:

- Increase quality and years of health life
- Eliminate health disparities



Birth Measures	Dutchess County	New York State	Healthy People 2010*
Low Birth Weight <2500 g (rates per 100 live births).	6.6	7.8	5.0
Early Prenatal Care (rates per 100 live births)	87.6	72.8	90.0
Teen Pregnancy/Births 15-17 years ¹	Pregnancy: 27.5 Births: 10.8	Pregnancy: 44.4 Births: 18.7	Pregnancy: 43
Teen Pregnancy/Births 18-19 years ²	Pregnancy: 65.9 Births: 34.9	Pregnancy: 109.8 Births: 54.3	N/A
Death Measures (rates per 100,000 population)			
Infant Mortality (rates per 1,000 live births)			
Overall Infant Mortality	4.8	6.3	4.5
- Whites	3.5	5.3	4.5
- Blacks	13.7	10.7	4.5
- Hispanic	3.4	4.1	4.5
Overall Neonatal Mortality	3.6	4.5	2.9
Chronic Diseases			
Coronary Heart Disease	272.4	305.2	166.0
Overall Cancer Mortality	202.7	196.2	159.9
Lung Cancer	56.4	50.8	44.8
Breast Cancer (females)	40.0	16.5	22.2
AIDS	2.1	12.1	0.7
Deaths from Injuries (rates per 100,000 population)			
Suicide	8.2	6.7	6.0
Homicide/Legal Intervention	2.1	5.3	3.2
Motor Vehicle Injury	12.5	7.9	9.2
Non Motor Vehicle Injury	10.0	12.9	N/A

Morbidity/Infectious (rates per 100,000 pop.)	Dutchess County	New York State	Healthy People 2010*
AIDS Hospitalizations	91.3	249.3	N/A
AIDS Cases (incidence) ³	10.0	7.0	1.0
Hepatitis B ⁴	1.1	1.4	
Tuberculosis ⁴	3.6	3.4	1.0
Lyme ⁴	299.8	37.5	97
Pediatric Asthma Hospitalizations (0-4 yrs) (rate per 10,000 population)	22.3	62.9	25
Lead screening < 6 years (%)			
Blood levels = 10-19 µg/dL	1.5	1.6	0
Blood levels = > 20 µg/dL ⁵	0.1	0.3	
Access to Health Care			
Medicaid/Self Pay Births (rate/1,000 live births)	20.9	38.3	
Enrollments in Child Health Plus ⁶	4,761	435,000	
Medicare Beneficiaries (2000) ⁷			
- Elderly (age 65+)	33,571		
- Disabled	6,698		
Health Professional Shortage Area ⁸	Yes		
Community/Migrant Health Centers ⁸	Yes		

****Data Notes on Next Page ****

All data are for 2000 unless otherwise specified.

All data for New York State include New York City unless otherwise specified.

Data obtained from NYSDOH, CDC, and Healthy People 2010 unless otherwise specified

¹ Rate per 1,000 females ages 15-17

² Rate per 1,000 females ages 18-19

³ State rate excluding New York City. Cases confirmed through March 2001 but 2000 data incomplete due to lag in case reporting and time required for case confirmation

⁴ State rate excluding New York City

⁵ Incidence rates for blood levels > 10 µg/dL, excluding New York City. Data from 1999.

⁶ Number of children enrolled in 2001

⁷ Health Care Financing Administration

⁸ Health Resources and Services Administration

Essential # 10: Research for new insights and innovative solutions to health problems

There is a need for a continuum of innovative solutions to health problems ranging from practical field-based efforts that foster change in public health practice to more academic efforts that encourage new directions in scientific research. In 2002, DCDOH continues to link with institutions of higher learning and research (including the New York Medical College and SUNY Albany - School of Public Health) to improve its capacity to institute timely epidemiological and health policy analyses and conduct health services research.

Clinical Research

The close of the **Pediatric Lyme Booster Vaccine Trial** in the fall of 2002 marked an end to the county's seven year participation in investigational studies to identify an effective vaccine to prevent Lyme disease. During those seven years, 1,000 Dutchess County residents, both adults and children, participated by giving their arms, blood, and time to the project. The Lyme vaccine was proven effective and licensed in 1999. Unfortunately, in early 2002, the vaccine was withdrawn from the market due to the decrease in product demand. Although this was disappointing, DCDOH's participation afforded much opportunity for public education, and resulted in the receipt of other Lyme Disease Prevention grant monies, and clearly demonstrated the innovative, pioneering spirit of DCDOH and Dutchess County residents.



In Fall of 1999, DCDOH became a participating clinical research site in the phase III trial to determine the effectiveness and safety of a vaccine for adults at risk of sexually acquiring HIV infection. The DCDOH site enrolled 15 patients and followed them over a period of 36 months. The participants were randomized into a double blinded placebo controlled study. Two out of every three participants received the trial vaccine and one out of three received placebo. The trial required participants to receive a series of seven study drug vaccinations over a period of 30 months. Each participant's response to a study drug was monitored through diary cards and blood samples obtained every six months. A series of repeated risk reduction counseling sessions were conducted for each participant. This gave the Department's counseling staff a unique opportunity to follow the effects of repeated counseling sessions on risk behavior and incorporate the skills learned into the county's HIV risk reduction counseling program.

The results of the Vaxgen study are expected to be released in the spring of 2003.



In 2002 we again partnered with GlaxoSmithKline to enroll 64 patients in a phase IV study to further assess the safety of **Twinrix** vaccine as compared to the administration of separate Hepatitis A and B vaccines. As a phase IV study, comparisons are made between the safety of the combination Hepatitis A and Hepatitis B vaccine (Twinrix) and the safety of each single vaccine Hep A and Hep B being administered simultaneously. The results of the study have not yet been released as the data is still under evaluation. GlaxoSmithKline pharmaceutical company recognized the need to produce a combination vaccine since many high risk groups are also at risk for both Hepatitis A and Hepatitis B. A combination vaccine such as Twinrix protects against both viruses with one injection per dose. Twinrix is administered at a reduced cost compared to two single antigen vaccines, therefore providing a financial advantage as well as improved patient compliance.

Programs and Services Directory

CLINICAL AND NURSING SERVICES

Home Health Care Programs

Certified Home Health Agency – Services for homebound individuals who are under the care of a physician include: Skilled nursing and case management, Physical, Occupational and Speech Therapies, Home Health Aide services and assistance with medical supplies and equipment. **(845) 838-4800 or (845) 677-4000.**

Long Term Home Health Care– Services for individuals who qualify for nursing home placement and meet the financial eligibility requirements include: Skilled nursing, case management, Physical, Occupational and Speech Therapies, Home Health Aide, Personal Care Aide, Medical Social Worker, Nutritionist, Respiratory Therapy, Personal Alert System, Social Day Care Services, Transportation, and Home Delivered Meals. **(845) 838-4800 or (845) 677-4000.**

Maternal and Child Home Visiting Program

Public Health Nurses are available to provide comprehensive home based services, to families, that start during pregnancy or after a child is born. Home visits provide education, support and case management services and are focused on assisting parents to meet the challenges of parenting and to assure the healthy development of children. **(845) 486-3419.**

Childhood Lead Poisoning Prevention Program

Public Health Nurses provide individual case management and follow-up to children with elevated blood lead levels. Community education and outreach Environmental investigations are also available. **(845) 486-3419.**

Early Intervention Program

Families with infants and toddlers who have special needs may be eligible to receive services to enhance the child's growth and development. **(845) 486-3403.**

Preschool Special Education Program

Services are provided for children with special needs, ages 3-5, in conjunction with the family's school district. **(845) 486-3403.**

Perinatal Hepatitis B Program

Public Health Nurses provide individual case management and follow-up to infants born to mothers who are Hepatitis B positive. **(845) 486-3525.**

Eastern Dutchess Maternity Clinic

Prenatal Care Assistance Program (PCAP) provides comprehensive prenatal care, delivery and postpartum care to income eligible women. Includes individual case management, education, counseling and referral services. Assistance with Medicaid application process is provided. **(845) 677-4000.**

Physically Handicapped Children's Program

Financial assistance program to parents of physically handicapped children based on eligibility requirements that include both financial and physical conditions. **(845) 486-3406.**

Childhood Immunization Clinics

Clinics are held at sites throughout the county on specific days each month with no fee for service. Children under 18 years of age must be accompanied by a parent or guardian. All participants should bring with them any previous immunization records. **(845) 486-3409.**

Adult Immunization Clinic

Clinics are held twice a month to provide recommended vaccines to adults. Clinic is ideal for those individuals who need immunizations for employment. **(845) 486-3504.**

International Travel Immunization Clinic

Clinics are held twice a month to provide vaccines and health information to adults and children planning international travel. **(845) 486-3504.**

Flu and Pneumonia Immunization Clinic

Clinics are held throughout Dutchess County for adults who are eligible for the vaccines. Medicare Part B is accepted or a small fee is charged, however, no one will be turned away because of inability to pay. **(845) 486-3435 (Hotline).**

Communicable Disease Information/Case Reporting

Prevention and control of infectious disease. Health providers and the public may call to inquire about infectious disease precautions, symptoms, diagnosis and treatment. **(845) 486-3402.**

Sexually Transmitted Infections (STI) Program

Testing, diagnosis, and treatment of sexually transmitted infections is available twice a week. All services are free, confidential, and available without an appointment. Free Hepatitis B vaccine is available to all clinic patients. Referrals are made for those persons needing additional services. **(845) 486-3401.**

HIV Program

HIV counseling and testing is available by appointment or walk-in. All testing is free of charge and both "anonymous" and "confidential" testing is offered. On-site educational presentations, with or without testing, are available for schools and community groups. Partner Notification Assistance Program (PNAP) is available to persons living with HIV/AIDS who want to inform partners of possible exposure to HIV. **(845) 486-3401.**

Rabies Post Exposure Program

Administration of, or the arrangement for the administration of rabies vaccine for treatment of rabies exposure. **(845) 486-3404.**

Tuberculosis Control Program

Clinic and case management services for the diagnosis and treatment of Tuberculosis. Tuberculosis (Mantoux) testing is provided at specific sites throughout the County at no charge, however, persons under the age of 18 must be accompanied by a parent or guardian. **(845) 486-3505.**

HEALTH EDUCATION PROGRAMS

Health education is provided on request to any group from preschool to seniors. DCDOH educational programs are age appropriate, culturally sensitive and can be tailored to meet specific needs. The following is a list of educational programs offered:

The Basics of Good Nutrition	Asthma
Germes / Viruses/ HIV/AIDS	CPR
Injury Prevention	Diabetes
Oral Health Care	Lead
Teen Pregnancy Prevention	Lyme Disease
Tobacco Education	Parenting

For more information, contact the Health Planning & Education Division (845) 486-3421.

ENVIRONMENTAL REGULATORY SERVICES

The following are regulatory services carried out in accordance with the provisions of the NYS Public Health Laws, NYS Sanitary Code and DC Sanitary Code. For information, call **(845) 486-3404**.

Environmental Health Services: Permits and inspects food service facilities, children's camps, hotels, motels, campsites, parks, temporary residences, mobile home parks, public functions with 5000 or more people, swimming pools, bathing beaches, migrant labor camps, daycare centers, and nursery schools.

EHS staff also arrange for pre-construction conferences and inspection of individual water supplies and sewage disposal systems for conformance to approved plans; investigate complaints regarding foodborne illnesses, rental dwellings, sewage failures, vermin infestations, and offensive materials; and reports of animal bites and human contact with suspect rabid animals.

Engineering Services: Conducts inspections, monitors, regulates, reviews, and approves plans for sewage collection, treatment and disposal systems, realty subdivisions, bathing beaches, residential and commercial sewage disposal systems, individual and public water supplies. Conducts a NYSDOH approved certification course for water treatment plant and distribution system operators.

Radiation Services and Environmental Health Assessment Program: Inspects registered x-ray facilities, conducts investigations and provides technical assistance regarding radon, radiation and chemical emergency response plans, petroleum and chemical spills, asbestos, occupational health, hazardous and medical waste disposal sites, indoor air quality, environmental lead assessments and potential exposure to chemicals and hazardous substances. Also conducts West Nile Virus surveillance and control activities.

Tobacco Control Programs: Permits tobacco retailers and conducts inspections to enforce state and local regulations.

ENVIRONMENTAL WATER LABORATORY

NYS certified testing lab (ELAP#10189) which provides analysis of samples from municipal, government entities, and the private sector. Fees for services. For more information please call **(845) 486-3411**.

CLINICAL RESEARCH

The department is involved in various clinical research projects. The goal is the development of successful, safe, and effective health interventions with FDA approval. The Department has been and is involved in an investigational adult and pediatric Lyme Disease vaccine, an investigational Herpes Simplex vaccine, a HIV vaccine, and a new combined Hepatitis A and B vaccine. The Department was also involved in an investigational treatment for Hepatitis C (HCV) patients. For information, call **(845) 486-3451**.

MEDICAL EXAMINER PROGRAM

Investigates and determines the cause of death in instances of accidental, violent, and suspicious deaths. Call **(845) 486-3414**.



